



The Challenge Fund Teen Pregnancy Prevention Statewide Annual Report

July 1996- June 1997

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For additional copies of this report, please contact the OSE administrative assistant at:

Massachusetts Department of Public Health
Bureau of Family and Community Health
Office of Statistics and Evaluation
250 Washington Street
Boston, MA 02108-4619
(617) 624-5536

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Executive Summary

The Challenge Fund is a community-based, primary prevention effort designed to reduce the teen pregnancy rate and other related high risk health behaviors among adolescents ages 10-19. The Challenge Fund supports 17 coalitions located in the Massachusetts communities with the highest birth rates. *The Challenge Fund Teen Pregnancy Prevention Statewide Annual Report* provides a comprehensive look at the 17 coalitions and their program activities during FY97. This report presents selected quantitative data aggregated across all coalitions. The data was collected from three of the five instruments included in the programs' computerized management information system: *Coalition Profile*, *Direct Services Activity*, and *Youth Participant Profile*.

Coalition Profile Data

A coalition requires a certain degree of organization in order to plan and implement youth development activities in its community. The FY97 data from the Coalition Profile forms shows that, overall, CF coalitions operated within formal organizational infrastructures (e.g. written by-laws and membership policy) regardless of whether they were formed more or less recently. A majority of the coalitions included youth in their steering committees and nearly all had youth as general coalition members. To help achieve their objectives, the coalitions have formed multiple, collaborative relationships with other coalitions in their communities.

- Coalition Profile data was completed for 14 of the 17 coalitions during FY97. Of these 14 coalitions, all 14 had written by-laws, active steering committees, and organizational charts. In addition, 11 of the coalitions reported having written membership policies in place.
- Coalition membership ranged from 38 to 514 members during FY97, with a median of 140 members across the coalitions. Of these members, 39.5% were representatives of community agencies, 28.9% were youth, 13.6% were adults in the community, and 9.0% were parents of youth.

Activity and Youth Profile Data

The Direct Service Activity and Youth Profile forms show that the coalitions' one-time and ongoing activities engaged thousands of youth in FY97. The youth were diverse in race and ethnic background and the majority was ages 10-17. Most of the activities targeted smaller groups (25 or fewer participants at a time), and at least half included education and skill building strategies to achieve activity objectives. Information dissemination was a strategy more often used in one-time activities, and alternative activities (such as recreation, community service, mentoring, and creative arts) were more often used in ongoing activities. Sexuality and sexual health-related issues were the primary health

topics of over a third of the direct service activities; health and wellness issues (such as community health, diversity, career/job training) were the second most frequently addressed.

One time Activities

- A total of 4,499 one-time activities were conducted during FY97. These activities served 213,440 participants, including 135,321 youth (63.4%), 30,095 parents (14.1%) and 23,905 (11.2%) community organization/business members.
- Of the 213,440 participants, 35.7% were Hispanic, 23.2% were white non-Hispanic, 13.4% were black non-Hispanic, and 11.9% were Asian/Pacific Islander.
- The type of intervention strategy used most often in one-time events was education and skill building (52.2%). Information dissemination was the second most commonly used intervention strategy (21.1%), followed by providing alternative recreation (17.0%).
- While education and skill building was the most commonly selected intervention strategy for one-time activities, information dissemination activities served over twice as many participants (54.7% vs. 25.4%).
- The primary objective listed for over half of the one-time activities was increased knowledge and awareness (56.8%); these activities served two-thirds of the participants (66.7%).
- The primary health topic most commonly addressed at one-time activities was sexuality and health related issues (38.3%). These activities reached 81,746 of all one-time activity participants.

Ongoing Activities

- A total of 1,362 ongoing series were conducted during FY97. These ongoing series served 11,229 youth, including 6,322 (56.3%) females and 4,896 (43.6%) males. A majority of the ongoing series served 25 or fewer participants (88.3%).
- Of the youth participants, 40.5% were white non-Hispanic, 31.6% were Hispanic, 14.1% were black non-Hispanic, and 10.0% were Asian/Pacific Islander.
- Most of the youth reported being in school or a GED program (95.5%); three quarters (75.9%) of the youth participating in ongoing activities were between 6th grade and 12th grade.
- The type of intervention strategy used most often in ongoing series was education and skill building (50.6%). Providing alternative recreation was listed as the primary intervention strategy in nearly one-third (31.6%) of the ongoing series.
- Over one-third (39.6%) of the ongoing series had increased knowledge and awareness listed as their primary objective.
- The most common primary health issue addressed in ongoing series was sexuality and related health issues (30.1%).

A large number of participants, particularly youth, but also large numbers of parents and community members were served by the one-time and ongoing activities provided by the coalitions. One-time and ongoing activities most often had, as the focus of their activities, education and skills building. For both types of activities, increased knowledge and awareness were the primary objective of the activities. Additionally, the most common primary health issue that was addressed in both types of activities was sexuality and related health issues, which is closely aligned with the long-term goals of the coalitions.

This Report consists of six sections. Sections I through IV describe The Challenge Fund program, the coalitions and their operating structure, the program's conceptual framework, and the monitoring and evaluation system. Sections V and VI highlight the data for FY97. Section V describes the coalitions' characteristics and community collaborations. Section VI provides a comprehensive profile of the coalitions' direct service activities and youth participants.

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Massachusetts Teen Pregnancy Prevention Community Coalitions

Introduction

How to use this Report

The Challenge Fund Teen Pregnancy Prevention Statewide Annual Report provides a comprehensive account of The Challenge Fund program's 17 teen pregnancy prevention coalitions statewide and documents their coalition and direct service activity during Fiscal Year 1997 (July 1, 1996-June 30, 1997). The Challenge Fund is a community-based, primary prevention effort funded by the Massachusetts Department of Public Health to reduce teen pregnancy and other related risk behaviors among Massachusetts adolescents ages 10-19 (see *Module 1. Background* for more information). This report can be used to:

- Assess The Challenge Fund coalitions' overall capacity to plan and implement teen pregnancy prevention initiatives in their communities;
- Assess the type, objectives and frequency of the youth development activities administered by the coalitions;
- Monitor the target populations being reached by the coalition efforts;
- Increase the reader's understanding of Challenge Fund coalitions.

The report presents selected quantitative data aggregated across all 17 coalitions. The data was collected using The Challenge Fund Management Information System (MIS) on Lotus Notes®. The Challenge Fund MIS is part of a comprehensive monitoring and evaluation system initiated by MDPH in 1996 (see *Module IV. Monitoring and Evaluation*).

This report consists of six primary modules:

- I. Overview of The Challenge Fund** (provides an introduction and background to Challenge Fund coalitions)
- II. Building Community Capacity** (describes how the coalitions operate to reduce teen pregnancy in their communities)
- III. Youth Development Programs** (describes youth development strategies used by the coalitions)
- IV. Monitoring and Evaluation** (describes the overall monitoring and evaluation system, which includes a detailed description of the management information system instruments)
- V. Data Profile of Challenge Fund Coalition Capacity FY97** (FY97 data describing the coalitions' characteristics and community collaborations)
- VI. Data Profile of Youth Development Activities FY97** (a comprehensive profile of the coalitions' youth development activities conducted and youth served in FY97)

The first 4 modules provide a comprehensive picture of the CF coalitions, while Modules 5 and 6 describe the coalitions' activity during Fiscal Year 1997. While each module can stand alone, we strongly advise that you review all modules.

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Module I. Overview of The Challenge Fund

What is The Challenge Fund Teen Pregnancy Prevention Program?

The Challenge Fund is a community-based, primary prevention effort to reduce teen pregnancy and other related high-risk health behaviors among Massachusetts adolescents ages 10-19. The Massachusetts legislature began funding the initiative in 1987 in response to rising birth rates among teen women in cities and towns statewide. While the state teen birth rate currently compares favorably with the national rate (34 vs. 53 births per 1,000 women ages 15 –19) and has been declining over the past 7 years, many Massachusetts communities have teen birth rates which significantly exceed both the state and the national averages. The Challenge Fund program, supported by the Massachusetts Department of Public Health, seeks to prevent teen pregnancy by funding 17 multi-faceted, community coalitions in these cities and towns with historically high teen birth rates (See page 2 in this Module for a list of specific communities).

The overall **GOALS** of the program are:

- ➡ Increased abstinence and delayed onset of sexual activity among pre-adolescent and adolescent males and females ages 10-19;
- ➡ Reduced rates of youth engaging in health-related risk behavior including, but not limited to, risky sexual behavior;
- ➡ Decreased incidence of teen pregnancies and births, STDs, and HIV infection.

Each Challenge Fund coalition unites youth, family, youth providers and community members to create and increase opportunities for **YOUTH DEVELOPMENT AND LEADERSHIP**. The coalitions are

RESPONSIBLE FOR:

- ➡ Assessing existing youth programs and community resources to identify gaps or duplication of services;
- ➡ Enhancing collaboration among all existing adolescent service providers to maximize resources;
- ➡ Designing and implementing a continuum of primary teen pregnancy prevention strategies.

The coalitions implement strategies that have been identified as effective in promoting positive attitudes and skills among youth, as well as in facilitating youth engagement in life-enrichment opportunities. The **STRATEGIES WORK AT MULTIPLE LEVELS**. For example...

- ➡ **AT THE INDIVIDUAL LEVEL**, activities aim to promote self-esteem, belief in a bright future, and skills in decision-making, communication, and problem-solving;
- ➡ **AT THE INTERPERSONAL LEVEL**, activities aim to promote caring relationships between youth and parents/caregivers and among peers; and to provide positive role models;
- ➡ **AT THE COMMUNITY LEVEL**, strategies aim to increase academic opportunity, increase access to health and prevention services and encourage participation in community service.

What are The Challenge Fund Coalitions?

The MDPH supports 17 coalitions in the communities with the highest birth rates. Of the 17 coalitions, fourteen are located in urban areas, three in rural or semi-rural communities. Several coalitions, such as the Community Coalition for Teens in Franklin County, reach multiple cities or towns in their target areas. Funding for 3 coalitions began in 1987. Subsequently, 4 communities in 1990, 5 communities in 1992 and 5 in 1995 were funded. The coalitions are typically comprised of health and social service providers, youth, parents, teachers, school administrators, community police officers, religious leaders, business community members, local media, elected officials, and others with an interest in the health and well-being of youth. Each coalition's target area has a unique set of needs, which is influenced by factors such as the local economy, political history, the prevalence of youth risk behavior, availability of youth services and social norms and values. Table 1 lists the coalitions, their target communities and the year funding began.

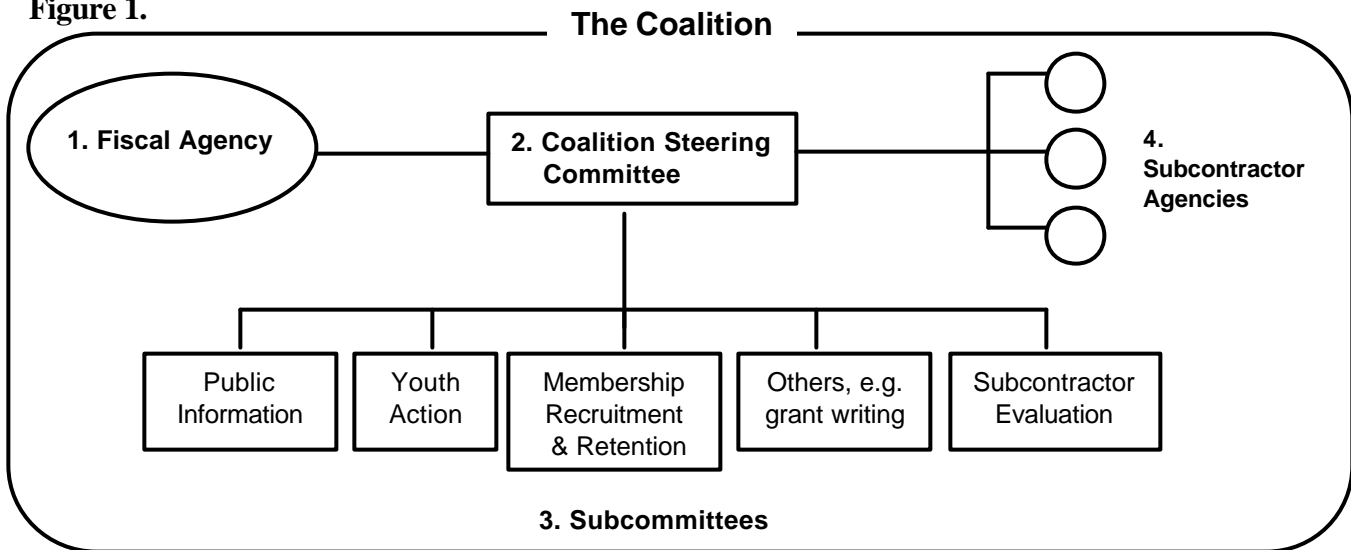
Table 1.

Coalition Name	Communities	Year Funding Began
Lawrence Teen Coalition	Lawrence	1987
ROCA, Inc.	Chelsea, Revere	1987
Springfield Teenage Pregnancy Prevention Coalition	Springfield	1987
Greater Options For Adolescent Lives	Boston	1990
Teen Opportunities & Prevention Coalition	Fall River	1990
Holyoke Youth Alliance	Holyoke	1990
Worcester Collaborative For Teen Health	Worcester	1990
Community Coalition for Teens	30 communities in Franklin County area	1992
Lowell Teen Coalition	Lowell	1992
Lynn Teen Pregnancy Prevention Coalition	Lynn	1992
Fitchburg Area Collaborative On Teen Health Services	Fitchburg, Gardner, Leominster	1992
South County Teen Network	Southbridge, Oxford, Webster	1992
Berkshire Coalition To Prevent Teen Pregnancy	Berkshire County (includes Pittsfield, North Adams)	1995
Brockton Alliance For Youth	Brockton	1995
Haverhill Teen Coalition	Haverhill	1995
IMPACT New Bedford Coalition	New Bedford	1995
Taunton Adolescent Pregnancy Prevention Coalition	Taunton	1995

The Organizational Structure of the Challenge Fund Coalitions

The Challenge Fund coalitions share a basic organizational structure to maintain the fiscal, administrative, and programmatic operations of the coalitions (see Figure 1). The components of the coalitions are described below.

Figure 1.



1. **Fiscal Agency:** Each coalition selects a partnership agency to oversee the fiscal and administrative coordination of the coalition's contract with MDPH. The fiscal agency is selected by the coalition through an open competitive process.
2. **Coalition Steering Committee:** The steering, or executive, committee is the governing body of the coalition, and is elected by the larger coalition membership. The committee develops and maintains organizational elements of the coalition that are associated with effective coalition development and management. These elements include formal by-laws, membership policies, conflict resolution policies, and a Fiscal Agency agreement regarding roles and responsibilities. (See Coalition Capacity Development and Management in Module I. Building Community Capacity). The committee is responsible for oversight of the coalition coordinator and subcontractor agencies, design of community action plan, review of coalition expenditures, and membership outreach and recruitment. Youth involvement in the steering committee is necessary to ensure coalition responsiveness to youth needs.
3. **Subcommittees:** Coalitions form other committees to carry out specific functions. In general, the coalitions will form committees for membership recruitment and retention, development of public information and media, youth development networking, meeting with subcontractor agency staff, and evaluation of subcontractor agency programs. Other ad hoc committees may be formed for functions such as needs assessment, grant writing, and strategic planning.
4. **Subcontractor Agencies:** The Coalition subcontracts with local youth-serving agencies to conduct direct service activities such as mentoring programs, peer leadership training, parent and teen communication workshops (see Module III. Youth Development Programs). Subcontractors are chosen through a competitive process, allowing for all coalition membership to determine the types of services needed in their communities.

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The Challenge Fund program is administered through the Adolescent Health Unit within the MDPH Bureau of Family and Community Health. The program is designed to support the development of multi-faceted, community coalitions. Each Challenge Fund community possesses a unique set of both resources and challenges. The organization of the program through coalition development recognizes the diverse cultural, political, and social identity of individual communities. While the coalitions which have formed within Challenge Fund cities and towns share a similar organizational structure, as well as a common set of goals and objectives, each coalition works within its resources and environment to most effectively elicit change.

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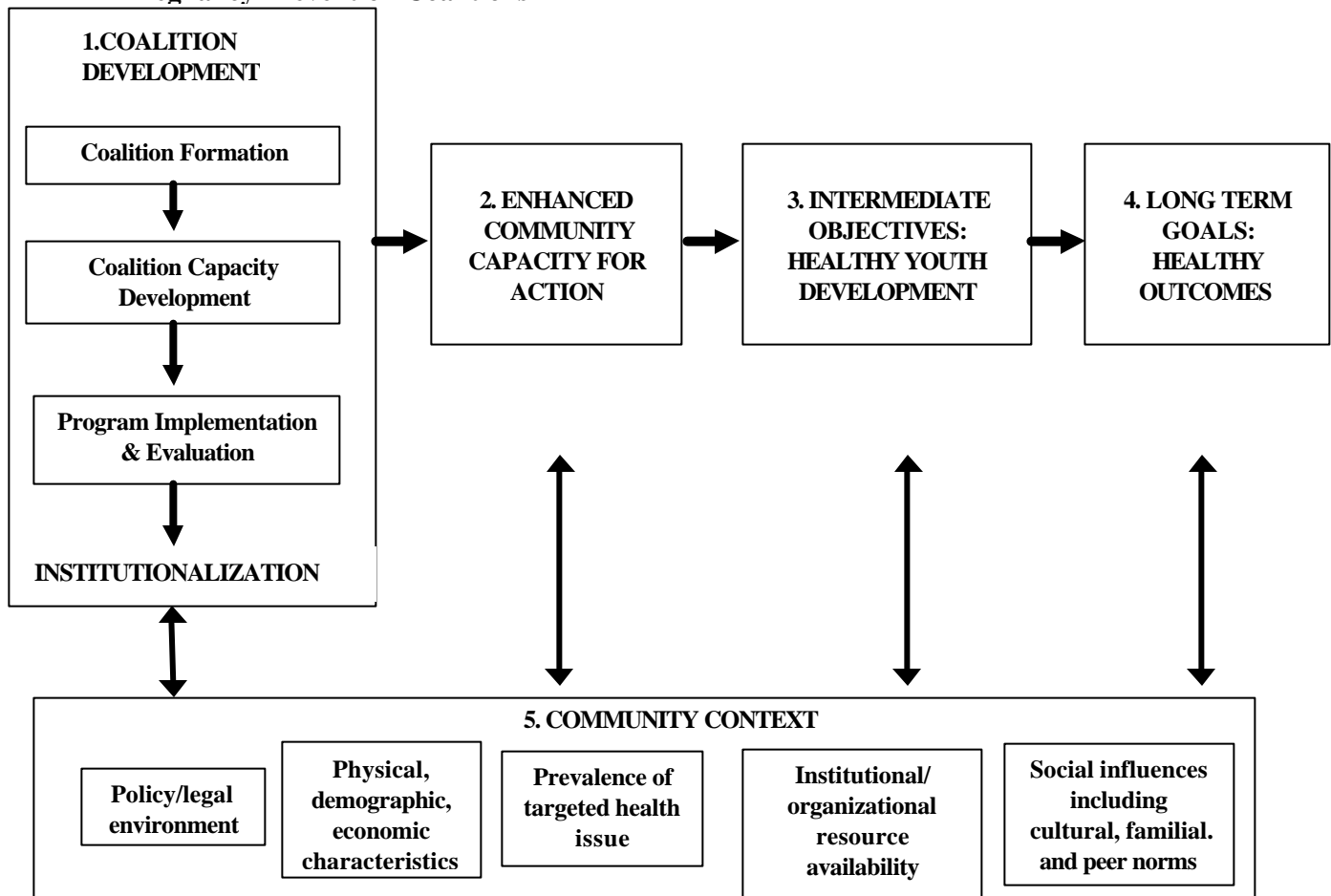
Module II. BUILDING COMMUNITY CAPACITY

Building Community Capacity for Change

The Challenge Fund supports a statewide **network** of teen pregnancy prevention **coalitions**, enabling local communities to design and implement a continuum of youth services and education and advocacy projects to meet the needs of their unique populations. Through the development and maintenance of a **community-wide coalition** in each community, The Challenge Fund program seeks to promote a community's own **capacity** to identify, manage, and bring about desired change using methods that best fit the community's needs and situation. The guiding principle is **the investment of all community stake holders** in increasing awareness and ownership of the risks, costs and problems associated with teen pregnancy, in order to reduce the teen pregnancy rate.

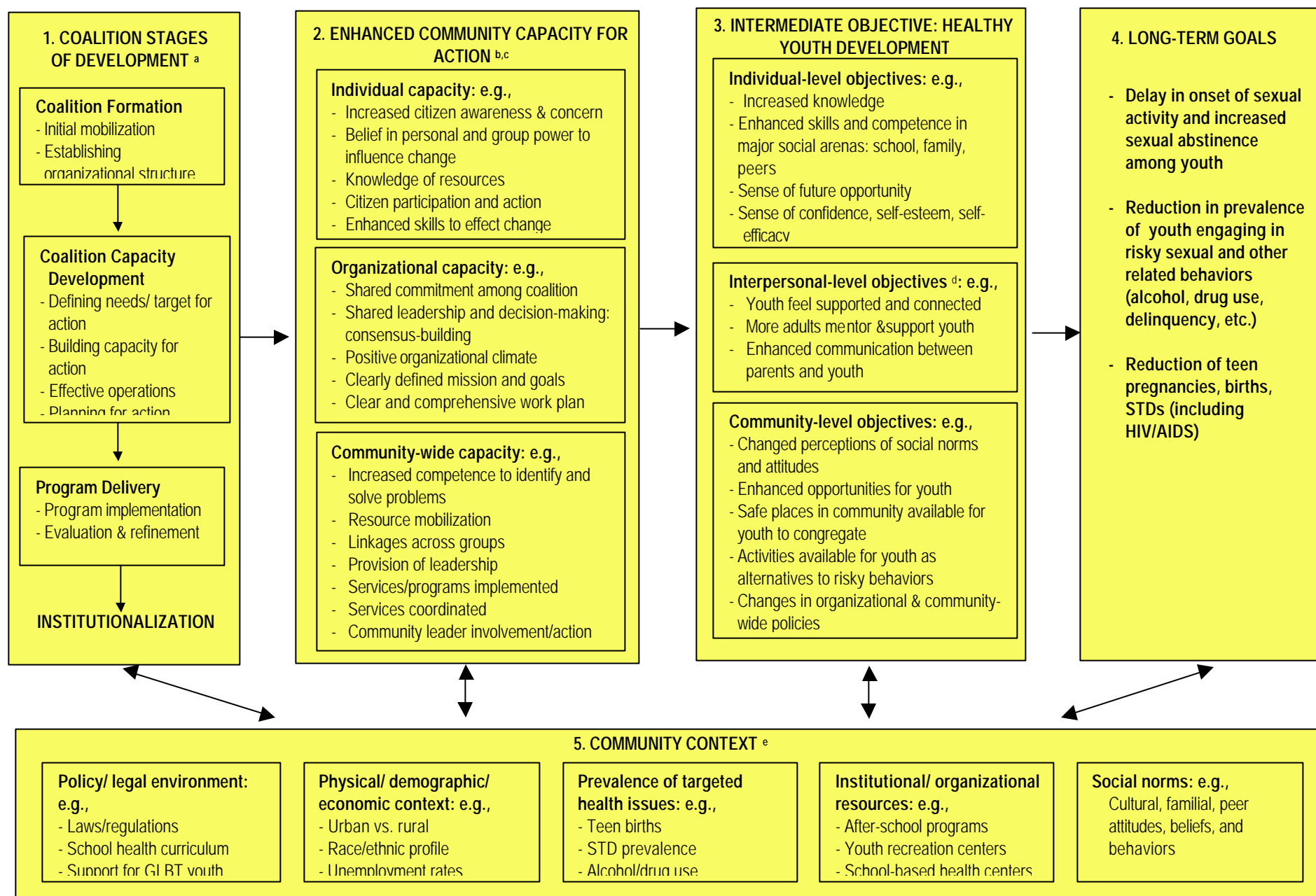
Figure 2 provides a conceptual map of how CF coalitions affects change in their communities, while figure 3 provides additional detail. Each component is described to clarify how the coalitions work.

Figure 2. Theoretical Framework for the Process and Goals of the MDPH Challenge Fund Teen Pregnancy Prevention Coalitions



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Figure 3. Detailed Theoretical Framework for the Process and Goals of the MDPH Challenge Fund Teen Pregnancy Prevention Coalitions



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1. **Coalition Stages of Development** (a): The core strategy of the MA Challenge Fund Initiative is to mobilize and organize community members to address teen pregnancy in their own communities. To that end, the CF fosters the development of community coalitions that bring together citizens representing various stakeholders in a community. Members of coalitions work together to define the issues to be addressed, and then plan, implement, and evaluate actions to bring about change in their community. The development of an effective coalition is believed to progress through various stages (a). The first stage consists of “**coalition formation**,” an initial mobilization of community awareness and concern around a particular issue, and the establishment of a formal organization to facilitate work on that issue (e.g., by-laws, membership policy, permanent committees). Then coalitions must develop **the capacity to engage in effective action**, such as building a knowledgeable and skilled membership, engaging in needs assessment and short-term/long-term planning to achieve defined goals, having an effective decision-making process, and having good communication across members and the community. To carry out their action plans, coalitions then **implement and evaluate programs** in their communities to directly affect teens and others. Ultimately, coalitions and their programs need to become a stable part of the community through “**institutionalization**” so that a community has a lasting competence to address its own issues.
2. **Enhanced Community Capacity For Action** (b, c): Empowering a community’s own ability to assess and respond to its needs is the added value of coalitions compared to directly funding service programs. The CF coalitions are anticipated to serve as catalysts within their communities to develop a community-wide readiness for action. Indicators of such readiness can be assessed at the individual, organizational, and community-wide levels, with examples ranging from increased citizen awareness and concern about an issue, belief in personal and group power to influence change, linkages and coordination across key organizations or groups, etc. (see Figure 1).
3. **Intermediate Objective: Healthy Youth Development** (d): Enhanced community capacity for action is expected to facilitate greater action to directly impact the lives of teens. The CF coalitions work toward preventing teen pregnancy through holistic interventions that develop youth assets such as life skills, a belief in the future, caring and supportive relationships, and opportunities for leadership and growth. Coalitions are well-suited to plan and implement multi-tiered action in their communities in order to achieve desired change at the individual, inter-personal, and community-wide levels (see Figure 1).
4. **Long-Term Goals**: The aim of all of this work in developing coalitions and communities, and in motivating teens to reduce their risky behavior, is to promote the health of teens. Specifically, the CF initiative aims to increase sexual abstinence and reduce the level of sexual and related risky behaviors among MA youth, and reduce the prevalence of teen pregnancies, births, and STDs,
5. **Community Context**: Our behavior is highly influenced by the environment in which we live. Contextual factors (see Figure 2) influence not only the prevalence of teen pregnancy and associated health issues in a community, but also a community coalition’s ability to do its work in preventing teen pregnancy. Therefore, these factors must be taken into account in shaping both coalition development and action planning, as well as in the evaluation of coalition impact.

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Module III. YOUTH DEVELOPMENT PROGRAMS

The Challenge Fund coalitions provide a broad range of direct services in an effort to achieve the following program's long-term goals:

1. Increased abstinence and delayed onset of sexual activity
2. Reduced rates of youth engaging in health-related risky behavior
3. Decreased incident of teen pregnancies and births, STDs and HIV infection

Each Challenge Fund coalition designs and implements a wide continuum of programs intended to reach the greatest number of youth in each community. Programs are expected to offer age-appropriate activities for both male and female youth, and to reflect the racial/ethnic background of the community. Programs must encompass a wide spectrum of prevention strategies and utilize a variety of community settings in order to appeal to a broad range of youth.

In the past, pregnancy prevention programs most often focused on improving adolescents' sexual knowledge, attitudes, norms and skills. Yet, research has shown that young people's perceptions of their choices are strongly affected by how they view their future, and by how connected they are with their families, schools and communities^{f, g}. The youth development approach to teen pregnancy prevention expands upon traditional programs by providing chances for youth to learn life skills and become involved in their communities in ways that build on their strengths and give them hope for the future.

Evidence continues to demonstrate that focusing on youth development opportunities is vital for young people's health development^{i, h}. Successful teen pregnancy prevention programs should incorporate the following components when working with youth:

- ❑ **Support:** adults and peers provide youth with a caring, nurturing learning environment.
- ❑ **Social competencies:** young people develop planning and decision-making skills; interpersonal skills; knowledge and comfort with people from different cultural/racial/ethnic backgrounds; and skills to resist peer pressure.
- ❑ **Positive identity:** young people develop a strong sense of personal power, self-esteem, sense of purpose and an optimistic view of their personal future.
- ❑ **Knowledge:** youth develop an increased knowledge of reproductive health and related issues.
- ❑ **Empowerment:** young people's experiences and contributions are highly valued; meaningful leadership roles and community service opportunities are offered.
- ❑ **Commitment to learning:** young people are motivated to learn and achieve.
- ❑ **Boundaries and expectations:** programs provide clear rules and consequences, as well as positive adult role models and positive peer influence; young people are encouraged to do well.

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These components work as building blocks or “assets” that strengthen the foundation of youth development. Research has documented that the more assets a young person has, the less likely she or he is to engage in risky sexual behaviors. Youth use positive skills, values and self-perceptions as internal assets, which guide them to make positive health choices. Families, neighborhoods, schools, faith communities and community programs play an essential part in providing the external assets that support youth in making healthy choices. Besides working with youth, teen pregnancy prevention programs also support their parents, other significant adults and/or members of the community at large^j to:

- ❑ Increase factual knowledge of reproductive and other health issues
- ❑ Understand what puts youth at risk for early parenting
- ❑ Learn effective communication and discipline techniques
- ❑ Discuss sexuality and other difficult issues with youth
- ❑ Model healthy, responsible behavior

The Challenge Fund is an effective continuum of youth development programs that are comprehensive and well integrated. Initiatives are coordinated with other community efforts to reinforce prevention messages and follow a plan that evolves from needs assessment through planning, implementation and evaluation, with input and feedback from the community at all steps^k. Programs meet the specific needs of diverse cultural, developmental, ethnic and linguistic groups and reach out to high-risk youth (including court-involved, disabled, GLBT, homeless and out of school), addressing health disparities across populations. Prevention efforts encompass a wide range of innovative services including but not limited to:

- | | |
|--|--|
| ✓ Academic and Career Enhancement Opportunities | ✓ Jobs and Life Skills Training |
| ✓ Assertive Communication Courses | ✓ Media Literacy Workshops |
| ✓ Comprehensive Reproductive Health Services | ✓ Mentoring and Tutoring Models |
| ✓ Community Service Projects | ✓ Multicultural events |
| ✓ Creative Arts, Theater and Media Projects | ✓ Parent and Teen Communication Workshops |
| ✓ Decision-Making Workshops | ✓ Peer Leadership Programs and Youth Conferences |
| ✓ Drop-out Prevention Programs | ✓ Recreational activities |
| ✓ Healthy Dating Discussions | ✓ Sexuality and Health Education |
| ✓ HIV/AIDS, STD and Substance Abuse Prevention Education | ✓ Teen Support Groups |
| ✓ Inter-generational Programs | ✓ Violence Prevention Program |

Youth development programs focus on young people’s strengths and talents, while strengthening their connection to the community. Successful programs support, guide and challenge young people, creating opportunities that have been demonstrated to positively affect their life choices. The Challenge Fund supports programs that involve youth, families and communities to implement the holistic interventions necessary to promote comprehensive adolescent health.

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The Challenge Fund program is designed to provide young people with a variety of assets and tools which are critical to healthy development. Unlike past programs, The Challenge Fund places less emphasis on knowledge and norms regarding sexual activity and focuses instead on general concepts of youth growth and community support. This holistic perspective provides young people with a positive self-image, a vested interest in the future, and a social support structure which will help to promote healthy maturation.

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Module IV. MONITORING & EVALUATION

Over the past decade, coalition-driven, community-based prevention programs using multiple interventions have become more widely applied prevention strategies. However, only recently have researchers developed systematic ways to study them. In 1996, MDPH incorporated innovative ways to track coalition activity when it developed a comprehensive system for monitoring the performance of CF coalitions. A multi-strategy approach was adopted to collect and utilize coalition information including periodic site visits by MDPH, installation of a management information system (MIS) at all coalition sites, design and implementation of in-depth process and outcomes evaluations of a selected sample of coalitions, and monitoring of state and community-level health indicators. These strategies are currently at various stages of implementation. The resulting information will be useful to MDPH, the coalitions, and others to assess their success in reaching the target population, identify needed policy changes, program planning, and maximization of resources.

The Challenge Fund Management Information System (TCF MIS)

As part of the implementation of the comprehensive program monitoring system, MDPH revised and computerized the MIS used to describe and monitor the activities of CF coalitions. The MIS is intended to provide MDPH, the coalitions, and other interested parties with historical and current information regarding coalition structure and functioning; annual action plans and quarterly progress; direct service activities; and demographic profiles of participating youth. Coalitions and agency staff and youth participants complete paper forms, which are then entered into the computerized system. The data is transmitted regularly via modem line to a secure and confidential database residing on a server at MDPH. This Fiscal Year 97 report presents selected quantitative data from the *Coalition Profile*, *Direct Services Activity*, and *Youth Participant Profile* aggregated across all CF coalitions for FY97. Information from the coalitions' Annual Action Plans and Quarterly Narrative Reports is not presented in this report.

Data Collection Forms

- Annual Action Plan: At the start of each year, each coalition sets an agenda for the year. This plan presents the objectives to accomplish and how to work towards them; i.e., what strategies, programs, and activities to implement to achieve their objectives. The Annual Action Plan form provides them with a structured and standard way to develop and maintain this plan, and track it over time.
- Quarterly Narrative Report: Coalition staff uses this form to report on specific progress made towards achieving each action plan objective. The Narrative Report, completed quarterly, allows

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the coalitions to describe in more detail what was accomplished, the obstacles encountered, and whether changes were made to their plans.

- Coalition Profile: A profile of each coalition's structure (e.g., organization, committee structure, policies, etc.), capacity (e.g., membership, staffing, evidence of resource development, linkages among community organizations, etc.), and functioning (e.g., frequency and types of meetings, strategic planning, etc.) is assessed and updated quarterly using this form.
- Direct Services Activity Form: Coalition and program staff complete this form to document each and every program activity that the coalitions and their subcontracting agencies implement in their communities to impact teen behavior and health. This form captures the number, type and intent of activities, the demographic characteristics of activity participants and the target areas and settings in which the activities are being conducted. The activities are also categorized by type of event. An **one-time activity** is an event that is conducted and completed during one meeting. An **ongoing activity event** is one event in a series of events that is conducted over a span of time to the same core participant group (e.g. a peer leader training that meets once a week for 6 weeks). For the purposes of data collection, each event within an ongoing series is treated as an unique activity. In this report, activity data will be presented separately for one-time and ongoing activities.
- Youth Participant Profile: To obtain an unduplicated count of youth who receive more intensive and prolonged exposure to CF programs, each youth participating in one or more ongoing activities (activities that meet 2 or more times with the same core participants) fills out this Youth Participant Profile form once each fiscal year. Youth are asked to report information such as age, race, languages spoken, highest grade completed, and current education status. The community agency also records whether the youth has been trained as a peer leader. A profile form is completed only for youth participants and not adults.

The MIS serves as both a communication channel between CF sites and administrators, as well as a central component in the monitoring and evaluation of the individual coalitions and the overall CF program. Data collection forms provide critical information regarding participants in the program and the activities of the coalitions. This information can be utilized to evaluate changes in the target population and to assess the progress in achieving specified goals and objectives. The MIS is administered through the Office of Statistics and Evaluation, within the Bureau of Family and Community Health.

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MODULE V. PROFILE OF TCF COALITION CAPACITY ***Fiscal Year 1997***

This section highlights preliminary findings from the data collected on the *Coalition Profile* form. The Coalition Profile form documents the characteristics that are important to assessing a coalition's capacity to plan and implement programs (see Module III. Building Community Capacity). Each coalition's structure (e.g., organization, subcommittee structure, membership policies, etc.), capacity (e.g., membership, staffing, evidence of resource development, linkages among community organizations, etc.), and functioning (e.g., frequency and types of meetings, strategic planning, etc.) are assessed and updated quarterly using this form.

The Coalition Profile was implemented midway through the FY97. Between start-up tasks (e.g. loading the database at each site, training staff) and coalition staff turnover, only 14 of the 17 coalitions completed the Profile forms. Given the developmental stage of the data collection, we regard the FY97 Profile data as *preliminary*. Concrete findings will be reported in the FY98 report, which will include all 4 quarters of Coalition Profile data and examine the coalition characteristics in more depth.

Organizational Structure

Coalitions require a certain degree of organizational structure in order to be effective in developing and implementing strategies. The CF coalitions are asked to develop and maintain a formal infrastructure that includes subcommittees, written by-laws, membership policy, and an organizational chart.

- By the 4th quarter of FY97, most of the coalitions had a formal infrastructure in place, regardless of whether they were formed more recently (3 years prior to data collection) or less recently (formed 8-12 years prior): 14 out of the 14 had written by-laws and had developed an organizational chart depicting their operational structure; 11 of the 14 coalitions had developed written membership policies.
- All 14 reporting coalitions had formed a steering committee, the primary decision-making vehicle of the coalition (see Module 1. Background for explanation of the steering committee role and responsibilities). The median percentage of youth members serving on the steering committee was 16.7%. Five of the 14 coalitions had no youth members; the 5 highest percentages of youth membership on the steering committee ranged from 25% to 50%.
- In addition to the steering committee, each coalition formed other ongoing committees to plan and implement specific tasks important to the maintenance of the coalition. The median number of these

additional committees per coalition was 7 (range: 4 to 11). The most frequently formed committees were those with the following functions: public information and education (13 of 14 coalitions formed this committee); technical assistance to and monitoring of subcontractor agencies (12 of 14 coalitions); coordination of services to pregnant and or parenting teens (11 of 14); youth recruitment and initiation of youth-led activities (10 of 14); and coalition membership outreach and recruitment (11 of 14).

Coalition Membership

The heart of a coalition is its membership. CF coalitions are asked to develop a membership that represents a cross section of the community. The coalitions aim to involve community health and social service providers, youth, parents, teachers, school administrators, community police officers, religious leaders, business community members, local media, elected officials, and others with an interest in the health and well-being of youth.

- The median number of coalition members per CF coalition in FY97 was 140; among all coalitions, membership size ranged from 38 to 514 members.
- Across the 14 coalitions, a median of 39.5% of coalition members were representatives of community organizations, agencies or businesses; 28.9% were youth; 13.6% were other adult citizens; and 9.0% were parents of youth.
- Of the 13 coalitions reporting on this item, 12 reported that there were 7 or more organizations represented in their coalition membership. Six coalitions had 13 or more. Table 1 lists the organization types, the number of coalitions with each type in their membership and the median percentage of all the coalitions' membership represented by each type.

Table 1. Organization Types Represented in Coalition Membership (CF Coalitions reporting=13)

Organization Types Represented in Coalition Membership	CF Coalitions with this Org. Type Represented		Median % of Membership Represented by this Org. Type
	N	%	%
Business	7	53.8	3.9
Civic, Volunteer, Civil Rights	11	84.6	9.5
Coalitions	10	76.9	3.9
Colleges/Universities	9	69.2	2.8
Faith Community	10	76.9	2.9
Federal Government	3	23.1	1.2
Health/Medical Services	12	92.3	10.5
Human/Social Service	12	92.3	27.2
Humanities/Arts	8	61.5	4.2
Law Enforcement/Public Safety	10	76.9	3.5
Local/State Government	13	100.0	6.7
Media	8	61.5	2.6
Schools	11	84.6	10.7
Community-based Youth	9	69.2	6.1
Other	6	46.2	3.7

Linkages to Other Coalitions

- In FY97, CF coalitions reported collaborative, working relationships with a median of 7 other coalitions (range: 1 to 12). The most frequently reported linkage was to their Community Health Network Area (CHNA) coalition (90.9%). CF coalitions also reported linkages to the Massachusetts Tobacco Control Program (54.5%); the Center for Substance Abuse Prevention coalition (36.4%), School to Work (45.5%); Community Connections (72.7%); and School-linked Services (54.5%) (see Table 2). All of these other coalitions support the wellness of community members.
- Eight out of the 11 CF coalitions reporting listed linkages to an average of 4 coalitions *in addition* to those 6 listed above and in Table 2. These include coalitions focusing on AIDS, health and human services, other youth issues (e.g. gay and lesbian youth, runaways and homeless youth), teen pregnancy prevention, violence prevention, neighborhood issues and city/town health planning.

Table 2. Linkages to Other Community Coalitions (CF Coalitions reporting=11)

Community Coalitions	TCF Coalitions		Type of Linkage Relationship					
	N	%	Working Groups ¹	Service Delivery ¹	Policy Development ¹	Resource Development ¹	Referrals ¹	Other Linkages ¹
Community Health Network Area (CHNA)	10	90.9	9	7	5	6	7	3
Massachusetts Tobacco Control Program (MTCPP)	6	54.5	6	5	5	4	5	2
Center for Substance Abuse Prevention (CSAP)	4	36.4	2	2	1	2	3	2
School to Work	5	45.5	3	1	2	2	3	3
Community Connections	8	72.7	7	3	3	6	7	2
School-linked Services	6	54.5	4	3	3	2	2	1

¹ **Working Groups:** working groups, planning meetings, committees, and other meetings; **Service Delivery:** delivery of a service, program, activity or event; **Policy Development:** development or revision of a policy; **Resource Development:** monetary and non-monetary resource development (e.g., submission of proposals, fund-raising activities); **Referrals:** referrals of youths (or parents of youths) who have problems or are at risk of developing problems for help.

Matching Funds

An important measure of the strength and future viability of local prevention efforts is the ability of a coalition and its affiliates to raise new funds and to diversify the base of financial support. **Each** community coalition funded through The Challenge Fund must raise at least an additional 10% of the amount of their CF annual contract amount. During FY97, CF coalitions raised a total of \$1,422, 357. This is 38% of the total dollar amount distributed statewide and exceeded the 10% match asked of the coalitions. It should be noted that this amount is based on available data and is calculated from 13 of the 17 coalitions in FY97.

Summary of Profile of CF Coalition Capacity

Coalition development is critical for the successful implementation of activities and interventions geared towards achieving objectives and goals. The data collected through the MIS indicates that coalition capacity among Challenge Fund coalitions appears promising. For example, most of the coalitions have a formal infrastructure and have formed steering committees as an entity for decision making. Coalitions have also implemented services and programs (which will be explored more fully in the following section). Perhaps most encouraging is the fact that coalitions have made strides in establishing linkages with other coalitions. In doing so, they increase their community-wide capacity, which moves them along in setting up an environment as conducive as possible to reaching both short and long-term goals.

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VI. DATA PROFILE OF DIRECT SERVICE ACTIVITIES ***Fiscal Year 1997***

This section highlights data collected using the Activity and Youth Participant Profile forms. Coalition and program staff complete the Activity form for each program activity that the coalitions and their subcontracting agencies implement in their communities to impact teen behavior and health. This form captures the number, type and intent of activities, the demographic characteristics of activity participants and the target areas and settings in which the activities are being conducted. To obtain an unduplicated count of youth who receive more intensive and prolonged exposure to CF programs, each youth participating in one or more ongoing activities fills out the Youth Participant Profile form once each fiscal year. Youth are asked to report information such as age, race, languages spoken, highest grade completed, and current education status.

Guidelines for Data Interpretation

Activity data are presented separately for *one-time* and *ongoing* activities. A *one-time* activity is an event that is conducted and completed in one meeting (e.g. a presentation at a school assembly). An *ongoing activity* is one event in a series of events that is conducted over time to the same, core participant group. Ongoing activities tend to direct more intensive services to a smaller group of participants over a longer period of time.

Please note that the Activity form does not track participants at an individual level; therefore, individuals who attend multiple one-time activities are counted multiple times, so the total participant count overestimates the number of individuals. In addition, some one-time activities, such as health fairs or school assembly presentations, reach large numbers of individuals (e.g. 200-300), making it difficult to come up with a precise count of participants. As a result, the counts of participants in large one-time activities may include estimated totals. Twenty-seven percent of the one-time activities were considered *large* activities, i.e., over 25 participants.

Each event in an ongoing activity series is counted as an individual activity. This has two implications: the total numbers of ongoing activities will overestimate the number of unique ongoing activities series; and the individuals who return to attend all or most the activity events in a series will be counted multiple times. An unduplicated count of *youth* participants in ongoing activities is provided, however, by the Youth Participant Profile data. This data is self-reported and does not describe participants other than youth.

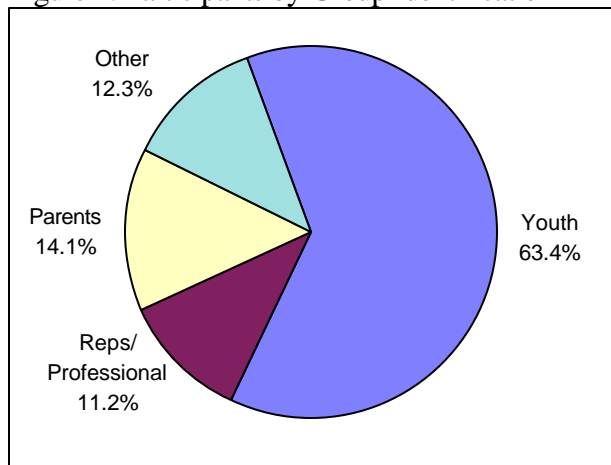
The Challenge Fund

One-Time Activities

Participant Characteristics

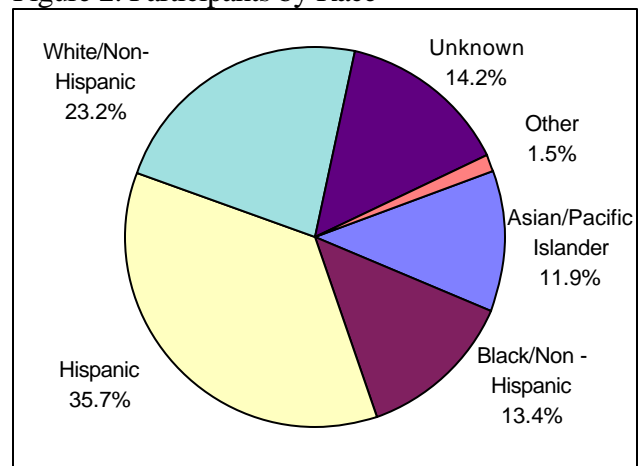
- In FY97, The Challenge Fund coalition programs conducted 4,499 one-time activities, reaching an estimated total of 213,440 participants (individuals who attend multiple one-time activities are counted multiple times, so the total participant count overestimates the number of individuals).

Figure 1. Participants by Group Identification*



*For One-time Activities

Figure 2. Participants by Race*



*For One-time Activities

- The majority of participants (63.4%) were youth; 14.1% were parents and 11.2% represented businesses and community organizations (Figure 1).
- Over one-third (35.7%) of the participants were Hispanic, 23.2% were white non-Hispanic, 13.4% black non-Hispanic and 11.9% Asian/Pacific Islander (Figure 2).
- In FY97, 7.3% of one-time activities served individuals with disabilities. Of this group, the most frequently reported disability was a learning disability (78.4%).
- In FY97, 72.3% of the one-time activities served 25 or fewer participants. Total counts of participants by age group were calculated for these *small* activities. Small activities served an estimated 35,905 participants; 69.1% of whom fell within the 10-17 age group (40.1% ages 15-17, 18.7% ages 12-14, and 10.3% ages 10-11).
- Female youth were targeted in 72.8% and male youth in 70.5% of one-time activities. Professionals, community leaders and parents were targeted in 14.0%, 13.0% and 9.7% of the activities, respectively.

One-Time Activity Characteristics

Note: Detailed tables of one-time activity characteristics are provided in Appendix II.

- Each activity was identified as a particular activity type, depending on the strategy a program utilized to achieve a specific outcome. Major intervention strategy groups categorize the activity types. Just over half of the one-time activities used *Education and Skill Building* (e.g. workshops, peer leader training, etc.) as their intervention strategy (52.2%). *Dissemination of Information* (e.g. audience presentations, materials distribution) accounted for one-fifth (21.1%) of one-time activities (Table 2).
- Though less frequently identified, Dissemination of Information activities reached more participants (116,745 or 54.7%) than Education and Skill Building (54,295 or 25.4%).

Table 2. One-Time Activity Type Categories*

Intervention Strategy Groups	Activities		Participants	
	N	%	N	%
Education & Skill Building	2,349	52.2	54,295	25.4
Information Dissemination	951	21.1	116,745	54.7
Providing Alternatives	762	17.0	37,179	17.4
Coalition Maintenance	365	8.1	3,734	1.7
Problem Identification & Referral	43	0.9	136	0.1
Environmental Impact	29	0.6	1,351	0.6
Total	4,499	100.0	213,440	100.0

*For specific activity types, see Appendix II, Table C

- The largest proportion of one-time activities was conducted on location at the Challenge Fund program agency sites (30.4%), serving 16.9% of total participants. However, activities serving the largest number of participants (55,195 or 25.9%) were held “on the street”, e.g. public open spaces, parks, shopping malls, etc. (Appendix II, Table D).
- The primary objective of over half the one-time activities (56.8%) was to increase knowledge and awareness; these activities served two-thirds (66.7%) of the participants (Table 3).

Table 3. Most Frequently Identified One-Time Activity Objectives*

Primary Activity Objective	Activities		Participants	
	N	%	N	%
Increased Knowledge and Awareness	2,555	56.8	142,339	66.7
Leadership Skills	222	4.9	3,073	1.4
Enhanced Community Involvement	180	4.0	8,631	4.0
Other Objectives	1,542	34.3	59,397	27.9
Total	4,499	100.0	213,440	100.0

*For a complete listing of primary objectives, see Appendix II, Table E

- Staff could also report one or more *secondary* objectives of their programs’ activities. Three quarters (75.7%) of all one-time activities included at least one secondary objective. Among those

activities with a *primary* objective of increased knowledge and awareness, the most frequently reported secondary objectives were attitude/values change (21.1%), life skills (12.8%) and decision-making skills (12.2%).

- The primary health topics addressed at the majority of one-time activities (38.5%) were sexuality and related health issues. These activities reached 81,746 of the total participants (38.3%). Specifically, more activities had human sexuality as the primary health issue (16.5%), followed by HIV/AIDS (9.5%), reproductive health (9.0%), and life opportunities (8.7%). 16.4% of one-time activities did not target any health issue (Appendix II, Table F).

Ongoing Activities

Youth Participant Characteristics

- In FY97, an estimated 1,362 ongoing activity series (consisting of a total of 10,214 activity events) served 11,229 youth. The youth participants were 56.3% female and 43.6% male.
- Overall, the majority of youth participants were white/non-Hispanic and Hispanic (40.5% and 31.6%). Black and Asian youth represented 14.1% and 10.0% of participants, respectively (Table 4). This same pattern was found within each gender group (Appendix II, Table A).

Table 4. Youth Participant Race

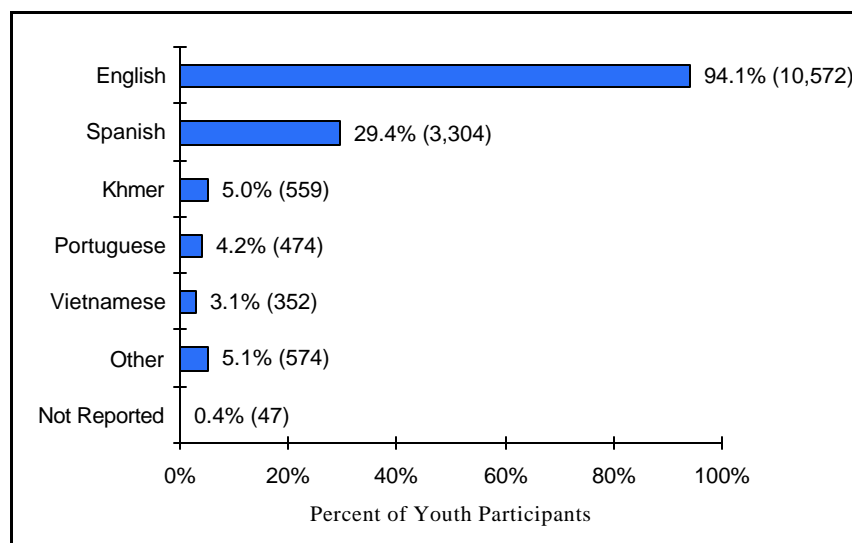
Race	Participants	
	N	%
Alaskan Native	23	0.2
American Indian	139	1.2
Asian/Pacific Islander	1,117	10.0
Black/Non-Hispanic	1,587	14.1
Hispanic	3,553	31.6
White/Non-Hispanic	4,542	40.5
Other	248	2.2
Not Reported	20	0.2
Total	11,229	100.0

Table 5. Youth Participant Age

Age	Participants	
	N	%
≤ 5 years	49	0.4
6-9 years	392	3.5
10 - 11 years	1,982	17.7
12 - 14 years	3,909	34.8
15 - 17 years	3,767	33.6
18 - 20 years	799	7.1
21 + years	128	1.1
Not Reported	203	1.8
Total	11,229	100.0

- Approximately one-third of the youth was 12-14 years old (34.8%); another third were ages 15-17 (35.1%). The next largest age group was 10-11 year olds (17.7%) (Table 5).
- Among the youth participating in ongoing activities, 29.4% reported speaking Spanish fluently and 5.9% did not speak English; 39.6% reported speaking 2 or more languages fluently (Figure 3).

Figure 3. Language of Youth Participating in Ongoing Activities



- Nearly one in 13 youth participants were peer leaders (7.8%). 63.5% of peer leaders were female.
- Ongoing activities most frequently engaged youth who were in, or whose highest grade completed, was either 6th, 7th or 8th grade (41.8%). Three quarters (75.9%) of the youth fell within 6th and 12th grades. One quarter of the youth were in or had completed grades 5 or below.
- Most of the youth participating in ongoing activities reported being in school or in a GED program (95.5%); 187 (1.7%) reported being in neither school nor a GED program and having a highest grade completed less than 12. These youth were 62.0% female, 46.5% Hispanic and 76.4% ages 15 - 20.

Ongoing Activity Characteristics

Note: Detailed tables of ongoing activity characteristics are provided in Appendix II.

- Among ongoing activities, 70.5% targeted female youth, 63.3% targeted males, 18.8% targeted peer leaders and 7.2% targeted parents.
- A majority of ongoing activities served 25 or fewer participants (88.3%).
- One in ten (10.7%) ongoing activities served participants with disabilities. Of this group, 81.4% had a learning disability and 18.0% had a psychiatric disability.
- *Education and Skill Building* was the most frequently reported activity type category among ongoing activities (50.6%). Strategies to engage youth in alternative activities, such as sports and creative arts, were the second most frequently reported (31.6%).

Table 6. Ongoing Activity Type Categories*

Intervention Strategy Groups	Activities	
	N	%
Education & Skill Building	5,170	50.6
Providing Alternatives	3,230	31.6
Information Dissemination	814	8.0
Problem Identification & Referral	732	7.2
Coalition Maintenance	228	2.2
Environmental Impact	38	0.4
Not Reported	2	0.0
Total	10,214	100.0

*For specific activity types, see Appendix II, Table G

- Ongoing activities were most commonly held at The Challenge Fund program agency sites (44.8%). The second and third most frequently reported activity settings were school (19.7%) and community-based agency (11.2%)(Appendix II, Table H).
- Well over one-third of the ongoing activities had the primary objective of increasing knowledge and awareness among participants (39.6%). They were followed by objectives related to leadership skill-building (8.1%), self-efficacy promotion (7.2%) and life skill-building (6.1%)(Table 7).

Table 7. Most Frequently Identified Ongoing Activity Objectives*

Primary Activity Objective	Activities	
	N	%
Increased Knowledge and Awareness	4,040	39.6
Leadership Skills	826	8.1
Self-efficacy Promotion	740	7.2
Other Objectives	4,608	45.1
Total	10,214	100.0

*For a complete listing of objectives, see Appendix II, Table I

- Ongoing activities that had either self-efficacy promotion, communication skills, leadership skills or advocacy skills-building as their primary objective had larger proportions of female participants than male. Activities with either training skills, life skills, cultural competence or media literacy served substantially larger proportions of males than females (Appendix II, Table I).
- Secondary objectives were reported for 87.9% of all ongoing activities. Among those ongoing activities with a primary objective of increased knowledge and awareness, the most frequently reported secondary objectives were attitude/values change (20.2%) and decision-making skills (18.0%).
- As with one-time activities, the primary topics addressed by the majority of ongoing activities (30.1%) were sexuality and related health issues. Specifically, human sexuality (12.0%) and reproductive health (11.6%) were the most frequently covered topics. Wellness-related issues (e.g. life opportunities, community health, parenting/family management) were the focus of 21.7% of the activities; among them, life opportunities were the most frequently cited (10.0% of all ongoing

activities). Approximately one-fifth of the ongoing activities (19.1%) did not target a health issue (Appendix II, Table J).

Summary of Data Profile of Direct Service Activities

Activities conducted through the coalitions were designed to respect the cultural values of participants and addressed a wide-range of topics and interests. Education and skill building were most often the focus of the activities for both one-time and ongoing activities. Both one-time and ongoing activities also emphasized increased knowledge and awareness as the primary objective of the activity. These similarities indicate a strong consistency for participants within the coalitions. These activities are likewise geared towards providing young people with a solid foundation for healthy development and appear closely aligned with the short-term goals of the coalitions and the grant. Using a research-based approach to accomplish the short-term goals can better facilitate the chances of success in reaching the long-term goals.

The Challenge Fund

**Massachusetts Teen Pregnancy Prevention
Community Coalitions**

Map of the Challenge Fund Coalition Communities

The Challenge Fund

Massachusetts Teen Pregnancy Prevention Community Coalitions

Report Summary and Future Directions

The purpose of this report is to provide information about The Challenge Fund grant program, a community-based, primary prevention effort to decrease the pregnancy rate and other related high-risk health behaviors among adolescents.

One particular feature of the report is the Theoretical Framework for the Process and Goals of the Massachusetts Department of Public Health Challenge Fund Pregnancy Prevention Coalitions. This framework clarifies how the coalitions work and consists of five components (coalition stages of development, enhanced community capacity for action, intermediate objective of healthy youth development, long term goals, and awareness of community context). The coalitions for the most part appear to have accomplished many of the tasks in the first component of stages of development. Many are working in the second component of enhanced community capacity for action while remaining actively cognizant of the community contextual issues component.

A goal of the report is to present information on the youth development programs and activities of the coalitions. The successful implementation of these programs is among the major work of the coalitions as they strive to reach their short-term goals to fulfill long-range goals. As this report indicates, many youth throughout Massachusetts have been reached through these activities. Furthermore, these activities appear to be appropriate for achieving the goals of the coalitions and the grant.

Since this represents the first year of reporting, refinement in data collection, methodology, and analyses is critical in future years. The Challenge Fund report has been developed to provide feedback to the coalitions to help determine effectiveness of short-term and ultimately long-term goals. This reporting process will facilitate program improvement, inform other key audiences, and play a part in providing information for program accountability. Most importantly, this report serves as a valuable resource in the continued evolution of programs and activities designed to promote healthy youth development.

APPENDICES

Appendix I: Technical Notes

Data Analysis Method

The MIS data from the Coalition Profile, Direct Services Activity, and Youth Profile forms were exported from Lotus Notes® and analyzed using the Statistical Analysis Software, SAS®. Data are presented as counts and frequency percentages.

Because the distribution of the number of participants in each activity is not normally distributed (skews to the right), the *median* was used to estimate the central tendency of participants per activity. The median is the number above and below which 50% of the observations will fall.

Data Limitations

- For *one-time activities*, it is important to note that the Activity Form does not track individuals across activities. Therefore, participants who attend more than one activity will be counted each time they participate. As a result, total FY97 counts of participants include duplicate counts of individuals and, therefore, overestimate the number of individuals that participated in CF programs during the year.
- For *ongoing activities*, the issue of overestimating the number of participants is magnified because individuals participate in multiple activity series as well as participate in multiple events within a series. Therefore the median number of participants is reported rather than the total number for ongoing activities. The median number along with the gender proportions of participants illustrates the general nature of particular activities.
- Due to problems in FY97 with linking Activity Forms that belong together *as an ongoing activity series*, each individual ongoing activity event was counted as a separate activity in this report. This resulted in two limitations for the FY97 data. The total number of ongoing activity *events* and an *estimate* of the total number of ongoing activity *series* are reported. We were not able to examine statistics such as the average number of events per ongoing activity series. Moreover, the individuals who returned to attend more than one activity event in a series were counted multiple times.
- The Youth Participant Profile provides the most accurate count of unique individual youth participating in *ongoing* activities. These data are self-reported and do not describe participants other than youth.
- One-time activities such as health fairs or school assembly presentations reach large numbers of individuals (e.g. 200-300), making it difficult to come up with a precise count of participants. As a result, the counts of participants in large activities may include estimated totals. Twenty-seven percent of the activities were considered *large* activities, i.e., over 25 participants.

Appendix II: Tables

Youth Participant Characteristics

Table A. Race of Youth Participants (Ongoing Activities only)

Race								
	Gender						Total	
	Female		Male		Not Reported			
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Alaskan Native	6	0.1	17	0.4	0	0.0	23	0.2
American Indian	66	1.0	73	1.5	0	0.0	139	1.2
Asian/Pacific Islander	514	8.1	602	12.3	1	8.3	1,117	10.0
Black/Non-Hispanic	916	14.5	667	13.6	4	33.3	1,587	14.1
Hispanic	1,959	31.0	1,593	32.6	1	8.3	3,553	31.6
White/Non-Hispanic	2,695	42.6	1,844	37.7	3	25.0	4,542	40.5
Other	164	2.6	83	1.7	1	8.3	248	2.2
Not Reported	4	0.1	14	0.3	2	16.7	20	0.2
Total	6,324	100.0	4,893	100.0	12	100.0	11,229	100.0

Table B. Age of Youth Participants (Ongoing Activities only)

Age								
	Gender						Total	
	Female		Male		Not Reported			
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
≤ 5 years	23	0.4	26	0.5	0	0.0	49	0.4
6-9 years	240	3.8	152	3.1	0	0.0	392	3.5
10 - 11 years	1,065	16.8	917	18.7	0	0.0	1,982	17.7
12 - 14 years	2,136	33.8	1,766	36.1	7	58.3	3,909	34.8
15 - 17 years	2,217	35.1	1,548	31.6	2	16.7	3,767	33.6
18 - 20 years	497	7.9	299	6.1	3	25.0	799	7.1
21 + years	54	0.9	74	1.5	0	0.0	128	1.1
Not Reported	92	1.5	111	2.3	0	0.0	203	1.8
Total	6,324	100.0	4,893	100.0	12	100.0	11,229	100.0

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Activity Characteristics

One-Time Activities

The following tables provide a profile of FY97 one-time activities including activity type, activity setting, primary objective, and primary health issue. Each table contains the number of activities, the total number of all participants and the numbers of youth participants by gender.

Table C. One-Time Activity Type (The strategy a program utilizes to achieve a specific outcome)

Activity Type								
	Activities		Participants					
	N	%	Total Participants		Female Youth		Male Youth	
	N	%	N	%	N	%	N	%
Information Dissemination	951	21.1	116,745	54.7	29,684	44.0	28,561	43.4
Presentation to an Audience	410	9.1	12,687	5.9	5,944	8.8	4,704	7.2
Materials Distribution	260	5.8	60,202	28.2	11,390	16.9	11,845	18.0
Speak Out	136	3.0	3,429	1.6	1,558	2.3	1,518	2.3
Conduct a Health Fair	52	1.1	12,685	5.9	5,510	8.2	5,192	7.9
Other Information Dissemination	93	2.1	27,742	13.0	5,282	7.8	5,302	8.1
Education & Skill Building	2,349	52.2	54,295	25.4	23,402	34.7	21,733	33.0
Interactive Outreach	1,202	26.7	33,543	15.7	13,223	19.6	14,333	21.8
Workshops	538	12.0	10,086	4.7	4,266	6.3	3,519	5.3
Groups	321	7.1	7,296	3.4	4,274	6.3	2,586	3.9
Continuing Peer Leadership Training	95	2.1	899	0.4	482	0.7	346	0.5
Basic Peer Leadership Training	71	1.6	613	0.3	371	0.5	201	0.3
Other Leadership Development	43	1.0	662	0.3	268	0.4	280	0.4
Health Publicity Training	28	0.6	710	0.3	248	0.4	279	0.4
Other Skill Building	51	1.1	486	0.2	270	0.4	189	0.3
Providing Alternatives	762	17.0	37,179	17.4	13,493	20.0	14,778	22.5
Special Events	305	6.8	19,579	9.2	7,708	11.4	7,347	11.2
Mentoring	166	3.7	3,417	1.6	462	0.7	2,877	4.4
Sports/Recreation	111	2.5	3,948	1.8	1,668	2.5	1,784	2.7
Creative Arts	83	1.8	1,295	0.6	915	1.4	346	0.5
Community Service	43	1.0	4,622	2.2	1,369	2.0	1,166	1.8
Other Alternative	54	1.2	4,318	2.0	1,371	2.0	1,258	1.9
Environmental Impact	29	0.6	1,351	0.6	212	0.3	219	0.3
Policies Advocacy/Consultation	29	0.6	1,351	0.6	212	0.3	219	0.3
Problem Identification & Referral	43	0.9	136	0.1	62	0.1	53	0.1
Crisis Intervention	21	0.5	85	0.0	51	0.1	13	0.0
Referrals	11	0.2	12	0.0	8	0.0	4	0.0
Screenings	1	0.0	1	0.0	0	0.0	1	0.0
Hotline or Helpline	1	0.0	1	0.0	1	0.0	0	0.0
Other Problem ID and/or Referral	9	0.2	37	0.0	2	0.0	35	0.1
Coalition Maintenance	365	8.1	3,734	1.7	630	0.9	436	0.7
Staff Development	186	4.1	1,760	0.8	470	0.7	286	0.4
Coalition Member Development	179	4.0	1,974	0.9	160	0.2	150	0.2
Total	4,499	100.0	213,440	100.0	67,483	100.0	65,780	100.0

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Table D. One-Time Activity Setting (The setting in which the activity is held)

Activity Setting								
	Activities		Participants					
	N	%	Total Participants		Female Youth		Male Youth	
	N	%	N	%	N	%	N	%
Own Program Site	1,364	30.4	36,113	16.9	13,445	19.9	16,563	25.2
"On The Street"	627	14.0	55,195	25.9	14,185	21.0	15,842	24.1
School	588	13.1	33,926	15.9	15,708	23.3	12,525	19.0
Community-based Agency	437	9.7	11,254	5.3	4,076	6.0	3,849	5.9
Community Center	398	8.9	14,947	7.0	6,558	9.7	4,262	6.5
Other Youth Program Site	186	4.1	2,756	1.3	1,534	2.3	956	1.5
Private Home	142	3.2	14,069	6.6	1,560	2.3	1,244	1.9
Housing Development	122	2.7	1,466	0.7	370	0.5	951	1.4
State Agency	81	1.8	1,828	0.9	532	0.8	496	0.8
Religious Center	73	1.6	1,585	0.7	519	0.8	426	0.6
Public Library	23	0.5	421	0.2	228	0.3	177	0.3
Court	19	0.4	154	0.1	47	0.1	97	0.1
Police	2	0.0	5	0.0	1	0.0	0	0.0
Other	431	9.6	39,655	18.6	8,706	12.9	8,346	12.7
Not Reported	6	0.1	66	0.0	14	0.0	46	0.1
Total	4,499	100.1	213,440	100.0	67,483	100.0	65,780	100.0

Table E. One-Time Activity Primary Objective (The specific and immediate goal of the activity)

Primary Objective								
	Activities		Participants					
	N	%	Total Participants		Female Youth		Male Youth	
	N	%	N	%	N	%	N	%
Increased Knowledge and Awareness	2,555	56.8	142,339	66.7	42,859	63.5	41,977	63.8
Leadership Skills	222	4.9	3,073	1.4	1,478	2.2	982	1.5
Enhanced Community Development	180	4.0	8,631	4.0	2,904	4.3	2,982	4.5
Self-efficacy Promotion	179	4.0	7,064	3.3	3,307	4.9	3,577	5.4
Promotion of Future Goals/Aspirations	176	3.9	4,373	2.0	1,623	2.4	1,913	2.9
Wellness Skills	154	3.4	9,058	4.2	1,704	2.5	1,814	2.8
Attitude/Value Change	148	3.3	5,086	2.4	1,829	2.7	1,369	2.1
Decision-making Skills	138	3.1	6,378	3.0	2,375	3.5	2,231	3.4
Coalition Building and Maintenance	114	2.5	2,301	1.1	628	0.9	493	0.7
Life Skills	104	2.3	3,495	1.6	926	1.4	1,059	1.6
Improving Community Conditions	102	2.3	9,987	4.7	3,303	4.9	3,233	4.9
Communication	83	1.8	1,429	0.7	631	0.9	541	0.8
Conflict Resolution Skills	73	1.6	1,839	0.9	877	1.3	900	1.4
Training Skills	47	1.0	505	0.2	262	0.4	182	0.3
Cultural Competence	40	0.9	4,033	1.9	1,193	1.8	1,172	1.8
Advocacy Skills	19	0.4	417	0.2	129	0.2	103	0.2
Media Production Skills	7	0.2	44	0.0	26	0.0	17	0.0
Media Literacy	3	0.1	30	0.0	16	0.0	4	0.0
Other	154	3.4	3,353	1.6	1,411	2.1	1,228	1.9
Not Reported	1	0.0	5	0.0	2	0.0	3	0.0
Total	4,499	100.0	213,440	100.0	67,483	100.0	65,780	100.0

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Table F. One-Time Activity Primary Health Issue (The health issue which is the main focus of the activity)

Primary Health Issue								
	Activities		Total Participants		Participants			
	N	%	N	%	Female Youth		Male Youth	
	N	%	N	%	N	%	N	%
Substance Abuse	362	8.0	11,756	5.5	6,163	9.1	4,512	6.9
Alcohol/Other Drugs	266	5.9	7,215	3.4	4,014	5.9	2,681	4.1
Tobacco Use	86	1.9	4,384	2.1	2,071	3.1	1,755	2.7
Family Substance Abuse	10	0.2	157	0.1	78	0.1	76	0.1
Violence Prevention	310	6.9	10,168	4.8	4,149	6.1	3,472	5.3
Relationship/Dating Violence	214	4.8	6,376	3.0	2,921	4.3	2,059	3.1
Community Violence	73	1.6	3,242	1.5	934	1.4	1,210	1.8
Household Violence	23	0.5	550	0.3	294	0.4	203	0.3
Sexuality & Health	1,731	38.5	81,746	38.3	25,443	37.7	26,124	39.7
Human Sexuality	741	16.5	22,773	10.7	7,678	11.4	8,390	12.8
HIV/AIDS	426	9.5	43,694	20.5	11,425	16.9	11,276	17.1
Reproductive Health	407	9.0	12,483	5.8	5,022	7.4	5,165	7.9
STDs	157	3.5	2,796	1.3	1,318	2.0	1,293	2.0
Personal Health Promotion	94	2.1	2,969	1.4	1,453	2.2	1,304	2.0
Physical Health	86	1.9	2,781	1.3	1,393	2.1	1,243	1.9
Injury Prevention	8	0.2	188	0.1	60	0.1	61	0.1
Health & Wellness	957	21.3	62,918	29.5	17,747	26.3	17,265	26.2
Life Opportunities	392	8.7	28,827	13.5	7,519	11.1	7,896	12.0
Overall Health of Community	238	5.3	16,150	7.6	5,983	8.9	5,352	8.1
Diversity	190	4.2	10,605	5.0	3,434	5.1	3,533	5.4
Parenting/Family Management	137	3.0	7,336	3.4	811	1.2	484	0.7
Other Health Promotion	281	6.2	20,503	9.6	5,348	7.9	4,327	6.6
No Health Issue Targeted	739	16.4	22,786	10.7	6,865	10.2	8,658	13.2
Not Reported	25	0.6	594	0.3	315	0.5	118	0.2
Total	4,499	100.0	213,440	100.0	67,483	100.0	65,780	100.0

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Ongoing Activities

The following tables provide descriptive information about the ongoing activities. Characteristics presented include activity type, activity setting, primary objective, and primary health issue. Each table contains the number of ongoing activity events, the median number of all participants per event and the gender composition of the participating youth. (See Technical Notes, *Data limitations*)

Table G. Ongoing Activity Type (The strategy a program utilizes to achieve a specific outcome)

Activity Type						
	Ongoing Activity Events		Median Participants		Percent	
	N	%	(min/max)		Female Youth	Male Youth
Information Dissemination	814	8.0				
Presentation to an Audience	573	5.6	27	(2/221)	49.8	50.2
Materials Distribution	108	1.1	50	(2/800)	57.0	43.0
Speak Out	36	0.4	10	(1/300)	61.8	38.2
Conduct a Health Fair	7	0.1	8	(1/1000)	43.3	56.7
Other Information Dissemination	90	0.9	10	(1/1000)	60.1	39.9
Education & Skill Building	5,170	50.6				
Groups	2,250	22.0	9	(1/250)	50.4	49.6
Workshops	858	8.4	12	(1/140)	50.7	49.3
Interactive Outreach	560	5.5	10	(1/300)	50.1	49.9
Other Leadership Development	277	2.7	6	(2/30)	51.6	48.4
Continuing Peer Leadership Training	219	2.1	8	(1/35)	67.8	32.2
Basic Peer Leadership Training	125	1.2	8	(1/25)	57.9	42.1
Health Publicity Training	76	0.7	11	(4/35)	68.9	31.1
Other Skill Building	805	7.9	6	(1/55)	63.5	36.5
Providing Alternatives	3,230	31.6				
Sports/Recreation	1,455	14.2	19	(1/180)	31.4	68.6
Creative Arts	899	8.8	11	(1/50)	42.4	57.6
Mentoring	510	5.0	12	(1/156)	61.5	38.5
Community Service	208	2.0	10	(1/210)	53.3	46.7
Special Events	115	1.1	14	(3/400)	53.0	47.0
Other Alternative	43	0.4	11	(1/50)	47.4	52.6
Environmental Impact	38	0.4				
Policies Advocacy/Consultation	38	0.4	8	(2/23)	74.0	26.0
Problem Identification & Referral	732	7.2				
Crisis Intervention	515	5.0	3	(1/32)	91.5	8.5
Hotline or Helpline	148	1.4	3	(1/50)	57.7	42.3
Referrals	56	0.5	1	(1/18)	57.8	42.2
Screenings	1	0.0	7	(7/7)	100.0	0.0
Other Problem ID and/or Referral	12	0.1	6	(1/28)	15.0	85.0
Coalition Maintenance	228	2.2				
Staff Development	123	1.2	6	(1/201)	47.9	52.1
Coalition Member Development	105	1.0	4	(1/62)	54.9	45.1
Not Reported	2	0.0	0	(0/0)	0.0	0.0
Total	10,214	100.0	10	(1/1000)	48.6	51.4

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.....¹ The median represents the number above
and below which 50% of the observations fall.

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Table H. Ongoing Activity Setting (The setting in which the activity is held)

Activity Setting					
	Ongoing Activity Events		Median Participants (min/max)	Percent	
	N	%		Female Youth	Male Youth
Own Program Site	4,574	44.8	9 (1/220)	37.5	62.5
School	2,016	19.7	19 (1/400)	52.7	47.3
Community-based Agency	1,144	11.2	10 (1/140)	68.6	31.4
Community Center	444	4.3	14 (1/100)	54.7	45.3
Private Home	262	2.6	10 (1/26)	57.6	42.4
Religious Center	214	2.1	11 (3/250)	53.0	47.0
"On The Street"	174	1.7	17 (1/800)	58.7	41.3
Housing Development	164	1.6	10 (1/38)	37.3	62.7
Other Youth Program Site	139	1.4	13 (1/90)	60.6	39.4
State Agency	82	0.8	6 (1/100)	22.2	77.8
Public Library	23	0.2	12 (2/21)	58.3	41.7
Court	15	0.1	9 (6/17)	40.7	59.3
Police	0	0.0	0 (0/0)	0.0	0.0
Other	959	9.4	4 (1/1000)	52.2	47.8
Not Reported	4	0.0	115 (9/221)	49.6	50.4
Total	10,214	100.0	10 (1/1000)	48.6	51.4

Table I. Ongoing Activity Primary Objective (The specific and immediate goal of the activity)

Primary Objective					
	Ongoing Activity Events		Median Participants (min/max)	Percent	
	N	%		Female Youth	Male Youth
Increased Knowledge and Awareness	4,040	39.6	12 (1/1000)	52.0	48.0
Leadership Skills	826	8.1	4 (1/201)	57.5	42.5
Self-efficacy Promotion	740	7.2	12 (1/130)	57.8	42.2
Life Skills	620	6.1	10 (1/221)	29.7	70.3
Decision-making Skills	447	4.4	8 (1/184)	56.0	44.0
Cultural Competence	430	4.2	15 (1/100)	29.1	70.9
Promotion of Future Goals/Aspirations	413	4.0	6 (1/300)	55.1	44.9
Attitude/Value Change	382	3.7	7 (1/100)	55.0	45.0
Wellness Skills	339	3.3	11 (1/99)	53.0	47.0
Training Skills	311	3.0	20 (1/100)	17.8	82.2
Enhanced Community Involvement	257	2.5	11 (1/210)	51.9	48.1
Communication	222	2.2	8 (1/221)	61.3	38.7
Conflict Resolution Skills	189	1.9	9 (1/250)	49.0	51.0
Improving Community Conditions	153	1.5	10 (1/400)	44.1	55.9
Coalition Building and Maintenance	127	1.2	5 (1/186)	51.1	48.9
Media Production Skills	96	0.9	7 (2/50)	55.6	44.4
Advocacy Skills	11	0.1	5 (1/34)	57.6	42.4
Media Literacy	9	0.1	5 (3/8)	18.0	82.0
Other	599	5.9	10 (1/60)	32.4	67.6
Not Reported	3	0.0	12 (12/12)	0.0	0.0
Total	10,214	100.0	10 (1/1000)	48.6	51.4

Table J. Ongoing Activity Primary Health Issue (The health issue which is the main focus of the activity)

Primary Health Issue						
	Ongoing Activity Events		Median Participants		Percent	
	N	%	(min/max)		Female Youth	Male Youth
Substance Abuse	612	6.0				
Alcohol/Other Drugs	410	4.0	11	(1/140)	54.5	45.5
Tobacco Use	177	1.7	5	(2/200)	54.1	45.9
Family Substance Abuse	25	0.2	5	(1/16)	43.6	56.4
Violence Prevention	919	9.0				
Relationship/Dating Violence	497	4.9	8	(1/221)	53.6	46.4
Community Violence	284	2.8	9	(1/210)	40.1	59.9
Household Violence	138	1.4	6	(1/300)	47.8	52.2
Sexuality & Health	3,073	30.1				
Human Sexuality	1,226	12.0	9	(1/400)	52.2	47.8
Reproductive Health	1,182	11.6	10	(1/221)	52.0	48.0
HIV/AIDS	506	5.0	7	(1/1000)	51.9	48.1
STDs	159	1.6	17	(1/200)	52.0	48.0
Personal Health Promotion	922	9.0				
Physical Health	871	8.5	15	(1/60)	25.5	74.5
Injury Prevention	51	0.5	4	(1/39)	64.9	35.1
Health & Wellness	2,212	21.7				
Life Opportunities	1,023	10.0	9	(1/221)	50.8	49.2
Overall Health of Community	561	5.5	10	(1/300)	51.0	49.0
Diversity	391	3.8	6	(1/72)	62.6	37.4
Parenting/Family Management	237	2.3	8	(1/102)	55.5	44.5
Other Health Promotion	417	4.1	7	(1/186)	68.7	31.3
No Health Issue Targeted	1,948	19.1	13	(1/335)	45.0	55.0
Not Reported	111	1.1	9	(2/250)	61.2	38.8
Total	10,214	100.0	10	(1/1000)	48.6	51.4

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